



MOUNT CARMEL CATHOLIC COLLEGE

ABN 67 786 923 621

Tel: (02) 9603 3000

info@mcccdow.catholic.edu.au

www.mcchsdow.catholic.edu.au

210 Spitfire Drive, Varroville

PO Box 124, MINTO NSW 2566

APPLICATION FOR LEAVE

This application must be submitted in the instance that a student intends to be absent from the College for a period of time greater than three (3) school days.

Families are requested to holiday or travel during the allocated term breaks only. Please consider if this *Application for Leave* considers your child's best academic interests, and note that each day of absence equates to five (5) hours of study which your child will be expected to complete prior to their return. If this application is approved, your child will be expected to:

- communicate with their teachers prior to their departure to request work which is able to be completed during their leave
- complete all missed work prior to their return
- meet all assessment requirements as per their *Assessment Handbook*.

If leave is greater than 20 school days, return travel documents must be provided prior to departure. Please complete and return this form to the College Office at least ten (10) days prior to the commencement date of the applied leave.

STUDENT DETAILS

Name: _____	
Year Group: _____	Pastoral Class: _____

LEAVE DETAILS

Leave to commence:	____/____/____	Return to College on:	____/____/____
Number of College days:	_____	Documentation provided:	Yes No
Reason for leave:	_____		

PARENT/GUARDIAN

Name:	_____		
Signature:	_____	Date:	____/____/____

Upon submission of this form, the Principal will determine the outcome, which will be communicated to you via an email. Please ensure that your details on Compass are correct.

Office Use Only

Outcome: _____ Signature: _____ Date: ____/____/____